REQUEST FOR PATENT FEE REFUND 26721					
1 Date of Request: 2 Serial/Patent #					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time			<del>- ",</del>		\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$			\$
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment				Credit Dep	osit A/C #:
Duplicate Payment			9		
No Fee Due (Explanation):					
	,				
					·
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:				TITLE:	
SIGNATURE:		<del></del> -	A	HONES SHAJAKRO	/22/2005 PKIDWELL <u>88888093</u> 832868 10526
office:	· · · · · · · · · · · · · · · · · · ·			3 FC:1632 5	00.40 CR
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APPROVED:		DATE	:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B